## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000113907

Entity Name: GLOBAL MASTER, CORP.

FILED May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

575 NE 87H ST 11528 FOUNTAIN HEAD DRIVE

MIAMI, FL 33138 TAMPA, FL 33626

**Current Mailing Address: New Mailing Address:** 

11528 FOUNTAIN HEAD DRIVE 6102 WEBB RD # 810

TAMPA, FL 33615 TAMPA, FL 33626

FEI Number: 20-3330915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ABUAITA, ISSA ABUAITA, ISSA 6102 WEBB RD # 810 11528 FOUNTAIN HEAD DRIVE TAMPA, FL 33615 TAMPA, FL 33626

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ISSA ABUAITA 05/01/2009

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name:

Address:

(X) Change ( ) Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete ABUAITA, ISSA F ABUAITA, ISSA F Name:

6102 WEBB RD # 810 11528 FOUNTAIN HEAD DRIVE Address:

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33626

( ) Delete Title: VPD Title: VPD (X) Change ( ) Addition

ABUAITA, MANAL Name: ABUAITA, MANAL Name:

6102 WEBB RD # 810 Address: 11528 FOUNTAIN HEAD DRIVE Address:

TAMPA, FL 33615 TAMPA, FL 33626 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSAMA S KAYALI **CPA** 05/01/2009

Electronic Signature of Signing Officer or Director

Date